

STATE OF NEW HAMPSHIRE 2010 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

PLEASE PRINT

| I. Name of Lobbyi | st(s) Fran (| <u>Dendelbo</u> | 2 | | | . NEW. | - Kuly |
|---|---|---------------------|-------------------|--------------|---|---|----------------------|
| II. Name of lobbyi | st's partnership, | firm or corpor | ation, if any: | | | DEPARTMEN | MPSHIRE TOF STATE |
| (1 | Name of partnership | , firm or corporati | on) | | | | |
| 238 Lower | OXBOW Rd | | Vew Harry | oton | NH | 03256 (Zip Code) | |
| Business Address: | (Street) | (To | vn/City) | | (State) | (Zip Code) | |
| (603) 381- | 1988 | _ () | (Fax) | e-m | ail <u>ma</u> +- | t wen fran@my | fairpoint, net |
| reportable expense | e transactions wh | ich are not atti | ibutable to any | one clien | t). | nay file a separate repo the following client: | rt for |
| OR All reportable tr | | | s on the Lobbyist | _ | · | | |
| All reportable tr unrelated to any pa | | lobbyist (includ | ng the lobbyist' | s family), | or the lobbyi | ng firm listed below whi | ch are |
| IV. Date of Report Reports cover: | t April 28, 20 ctivity from date of | | 1/10 aci | • | , 2010 /1/10 to 6/30/1 | 10 | |
| | October 27, activity from 7/1 | | ас | | y 26, 2011 🗌 1 <i>0/1/10 to 12/3</i> | | |
| V. There have be If this box is checke Concord, NH 0330 | ed, complete just ti | | | | | the last report. ☐ State House, Room 204 | |
| VI. Check if addit | ional reports are | attached: | | | | | |
| If you have rec | eived fees or mad | e expenditures, | ou must file A | dendum 1 | A-Fees and | Expenses | |
| Expense Reimburse | ement | | • | | | Report of Honorariums of | |
| 🙇 If you, your fir | m, or your family | has made politic | al contributions | s, you must | file Adden d | lum C- Political Contrib | outions |
| to the best of my ki | 5, RSA 15-B and F nowledge and belie | RSA 664 and her | eby swear or af | firm that th | ne foregoing | information is true and c | omplete |
| (Signature of lobby | | | | _lo | 4/1 ^T (D | Pate) | |
| (Print Name of lob | byist) | | | | | | |



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

| P I. Name | of Lobbyist(s) | Fran Wend | elbac | |
|---|---|---|--|--|
| L E II. Nam A S | e of lobbyist's p | artnership, firm or | corporation, if any: | |
| P III. Nan R I Politica N For each | ne of Client al Contributions h political contrib | rsonal next pution that is reportal ring firm, indicate the | Client 1/31 Jim Headd 1/1 V Migglione Co ble pursuant to RSA Ch | Date for Hows 50 Hows 45 apter 664 paid on behalf of the |
| Full nar | ne of candidate: | Jim Heado (Last Name) | (First Name) | (Middle Name/Initial) e is Seeking <u>State</u> House |
| Amount | of contribution \$ _ | 50 Check | Office Candidate | e is Seeking <u>State House</u> |
| actual co | st of the in-kind co estimated value an | ontribution on the line and the word "estimate" | above for amount of contri | oods or services provided, and enter the ibution. If the actual cost is not known, |
| | V, | Migliore | · · · · · · · · · · · · · · · · · · · | State House |
| *************************************** | | 45 Cash | won from 2 | toor file |
| | | | | |
| Full nar | ne of candidate: | (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount | of contribution \$_ | | Office Candidate | is Seeking |
| actual co | st of the in-kind co | | above for amount of contri | ods or services provided, and enter the ibution. If the actual cost is not known, |
| <u></u> | | | | ······································ |
| | | · | | |
| Full nar | ne of candidate: | (Last Name) | (First Name) | (Middle Name/Initial) |
| | | | Office Candidate | is Seeking |

| If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." |
|---|
| |
| |
| (If more than three contributions were made, report additional contributions on separate addendum C forms.) Sworn Statement/Affirmation by Lobbyist |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. |
| Signature of lobbyist) (Signature of lobbyist) (Date) |
| (Print Name of lobbyist) |



ESYELT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| | I. Name of Lobbyist's partnership, firm or corporation, if any: (Name of partnership, firm or corporation) | 1 |
|----------|---|---------------------------------------|
| Ħ | (Name of partnership, firm or corporation) III. Name of Client 1044 House (24444) 111. Name of Client 1044 House (24444) | Date 10/ |
| Indi | IV. Fees Received Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying, including fees for services such as public advocacy, government relations, or public relations services | that are related, relations, or pu |
| red L | reduced by any expenses: | 3 |
| a) 1 | a) Total of all fees received in this reporting period | a) \$ 3 (() |
| 9 | b) Total of all fees received this calendar year, prior to this reporting period b) (This should equal the total of all prior monthly reports for this calendar year) | b) \$ 6,000 ear) |
| ္ | Total of all fees received to date (Add lines a and b) | 0)\$ 9000 |
| <u>a</u> | Indicate the amount of any such fees that are due, but have not vet been paid | 2 |

V. Expenses:

individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying

| d) Total expenses for this reporting period | d.s. 1000 |
|--|-----------------------------------|
| (Add lines a, b and c) | COO SE |
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | \$(9) |
| f) Total of all expenses year to date | 2007 80 |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged. | bbying fees during this reporting |
| Paid to: | Amount: |
| | S |
| | S |
| | 6-9 |
| | \$ |
| | |
| | |
| | |
| | |
| Sworn Statement/Affirmation by Lobbyist | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. | ı that the foregoing information |
| Fren Boudelhae | 10/25/17 |
| (Signature of lobbyist) | (Date) |
| (Print Name of lobbyist) | |